

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT		TIME		2. ADDRESS/OCCURRENCE				3. LOCATION CODE		4. BEAT/OCCUR	
	15-OCT-2011		13:24:00		[REDACTED]				304		1522	
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT	13. WT			
	9161	FUMO	JAMES C	2782	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	[REDACTED]	510	150			
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?						
	27-AUG-2007	[REDACTED]	015 1504B	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT	27. WT				
	[REDACTED]	[REDACTED]		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	[REDACTED]	510	195				
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? HANDS/FISTS	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
					<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?	35. CONDITION	<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	<input checked="" type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 02 Under Influence	<input type="checkbox"/> 05 Refused Medical Aid				
36. CHARGES PLACED			DNA	37. CB NO.	IR NO.	DNA						
***** PLEASE SEE NEXT PAGE *****												
38 DNA MEMBER'S RESPONSE WEAPON DISCHARGE INCIDENT	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT: ASSAULT		ASSAULTANT: BATTERY		ASSAULTANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM	<input type="checkbox"/>		
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input checked="" type="checkbox"/>	WEAPON	<input type="checkbox"/>		
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____			
	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>		
	VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input checked="" type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____			
	ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>				
	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____							
	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>								
	PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>								
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (Laser/Targeted)	<input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>									
OTHER _____		OTHER _____										
39 DNA POSITION STAR NO. UNIT				40. ADDITIONAL INFORMATION								
41. WEAPON TYPE				42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS				
<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night	<input type="checkbox"/> 03 Dawn	<input type="checkbox"/> 04 Dusk	<input type="checkbox"/> 05 Poor Artificial	CLEAR				
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON											
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 TASER (Probe Discharge)	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE				
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.				
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED				
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		58. WAS FIREARM RELOADED DURING INCIDENT		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		<input type="checkbox"/> 03 OTHER (Specify)		
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		63. HOW WAS MEMBER'S HANDGUN DRAWN		<input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED						
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						<input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON						69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN						
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)						
70. CASE INFO.												
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR.												
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.												
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
71. SIGNATURES				72. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE				
FUMO, JAMES C 15-OCT-2011 14:40:15				2782		[REDACTED]		[REDACTED]				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
73. REVIEWING SUPERVISOR (Print Name)				STAR NO.		SIGNATURE		DATE REVIEWED		TIME		
JOHNSON, PEGGY A				977		[REDACTED]		15-OCT-2011		15:07:58		

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-5-A, 720 ILCS 600.0/3.5-A, 720 ILCS 570.0/402-C, 520 ILCS
5.0/1.22, 720 ILCS 5.0/12-3.05-D-4

DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject said he ran because he thought he had a probation warrant. He also said he never struck the officer.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers acted within CPD guidelines. CL# was obtained due to policy not any implied wrong doing.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1049326 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

REGNIER, STEVEN T

SIGNATURE

DATE COMPLETED

TIME

15-OCT-2011 15:36:28

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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